Scholarship Application

Staff Use Only
Received:
Time:
Location:
Initials:

Parent Name(s)			
Address	City	Zip	
Daytime Phone	Cell		
Child's Name	DOB		
Number of dependent children in household:			
Please attach copies of the following do	cuments:		
•3 recent paystubs and/or proof of benefit			
•Government issued ID or Drivers License			
Proof of residency (utility bill/lease agreement)			
Official long copy of birth certificate			
Return to your nearest Parks and Recreation Center			
Applications will not be processed	d without a	ıll documents.	
For further information, contact Customer Service at (202)673-7647			
*Please fill out a separate form for each o	shild.		
Signature:			

Date: